

Awareness, Risk Perception &  
Communications





## **Awareness, Risk Perception & Communications: Addressing public knowledge of tobacco addiction, health and addiction risks and interventions for tobacco control as well as strategies for communication with the public about tobacco issues**

Over 20 studies or activities were identified that have addressed or are addressing the effectiveness of various methods of communicating to women the known risks associated with smoking.

### Testing and Development of Awareness and Risk Communication Methods

Thirteen studies were identified that have investigated or are investigating ways to communicate smoking risks to women. Researchers at the University of Southern California are studying cigarette smoking behavior and media exposure among African-American, Asian, Hispanic, and White female teenagers in an effort to improve the effectiveness of current tobacco use prevention programs by adding gender-specific and culturally appropriate curricula. An effort at the University of Alabama at Birmingham tested the impact of a multicomponent health education intervention program among approximately 2,000 pregnant smokers. A mass media-health communications component, a community organization component, and a professional practice component are being used to communicate smoking risk to women of childbearing age. Another study is examining the best channels (media, support groups, posters, etc.) for delivering information on the health risks of smoking to female college students. Several methods of communication are being tested, including smoking cessation counseling, nurse-delivered telephone support, free-help line usage, the combination of multiple health providers, and an intensive group tobacco cessation intervention managed by a nurse and a lay health advisor. The Center for Health Studies in Seattle is examining the use of a brief motivational message, self-help materials, and follow-up contacts. Dartmouth Medical School and Brandeis University are disseminating educational materials for health professionals on prenatal tobacco cessation counseling.

### Other Related Activities

Several media campaigns, websites, and a recent meeting have helped and are helping to increase public knowledge of tobacco health risks and interventions for tobacco control. The American Legacy Foundation's Women and Smoking media campaign is focused on increasing awareness of the toll tobacco has taken upon women and encouraging women to quit smoking. The European Week Against Cancer 2001 media campaign was held in October 2001. The National Coalition for Women Against Tobacco, which is committed to countering the tobacco industry's targeted marketing of women and girls, sponsored a media campaign in May 2000. A media campaign conducted in 2001 focused on helping women in Colorado quit smoking. The National Partnership to Help Pregnant Smokers Quit campaign is providing a brief counseling approach that has been shown to affect quit rates. The Breath of Fresh Air website provides information on the health effects of smoking and resources to help smokers quit, and the International Network of Women Against Tobacco website collects and distributes information regarding global women and tobacco issues.

**Title:** Sister to Sister: Helping Low-Income Women Quit Smoking  
**Principal Investigator:** Andrews, Jeannette O.  
**Institution:** University of South Carolina at Columbia, Columbia, SC  
**Funding Agency:** National Institute of Nursing Research  
**Project ID:** NR008065  
**Project Funding Period:** Not available

**Abstract:** Tobacco use is strongly linked to coronary heart disease (CHD), the leading cause of death in women. African American women of lower socioeconomic status are known to have high smoking rates, disparities in smoking related diseases, and difficulty with cessation. Despite these inequities, sparse data exist describing effective interventions targeted to this population. Although not evaluated in African American women, research supports that intensive group tobacco cessation interventions produce the highest quit rates (24 - 48 percent) over self help (7 - 11 percent) and brief interventions (13 - 16 percent) with other populations. Social support and informal extended kin network, particularly with lay health advisors (LHA), are beneficial in targeted behavioral interventions to African American women for other risk reduction measures such as breast cancer screening; however this approach has not been effectively evaluated with tobacco cessation. With further exploration and knowledge, the investigator's goal is to develop and implement a nurse/LHA-managed smoking cessation intervention tentatively entitled, Sister To Sister: Helping Low-Income Women Quit Smoking. The proposed intervention will target mediating variables of social support, self-efficacy, and adaptive coping mechanisms utilizing an intensive group intervention managed by a nurse and LHA. A community advisory group consisting of informal and formal community leaders will be formed to assist with the recruitment and retention of LHAs. Community partnership(s) with businesses, health agencies, churches, and other organizations will provide a representative to the advisory group and resources such as physical space and incentives for LHA. A mid-range theory of self care behaviors in low-income African American women will be developed to provide a framework the study, and Prochaska's Transtheoretical Model of Change will be used to guide the development and implementation of the nurse/LHA intervention.

**Title:** Nursing Smoking Cessation Intervention During Pregnancy  
**Principal Investigator:** Bullock, Linda F.  
**Institution:** University of Missouri Columbia, Columbia, MO  
**Funding Agency:** National Institute of Nursing Research  
**Project ID:** NR005313  
**Project Funding Period:** 1 August 2001 – 30 April 2005

**Abstract:** Problems related to smoking during pregnancy are entirely preventable. The imminent danger of smoking to mothers (i.e. abruptio placentae) and unborn children (i.e. low birthweight) calls for prompt and intensive intervention. Reasons for continued smoking during pregnancy vary by age and income. In this proposed study's low-income population, the most likely group to smoke throughout pregnancy, women suffer from stressful events in their lives, which they cite as difficult barriers to smoking cessation. Social support has been shown to be beneficial in general for coping with problems. AHCPR smoking guidelines call for a social support component in cessation programs that is delivered by healthcare providers. Unfortunately, the guidelines' recommendations for social support focus narrowly on smoking related problems alone. For low-income pregnant women, this tight focus means healthcare providers may not touch on the very topics that are key to their quitting smoking. Nurses' skills in assessment and providing support are extremely well matched to delivering the help women need to quit smoking during pregnancy. This study's primary aim is to determine whether a combination of an established smoking cessation educational program for pregnant women and a nurse- delivered telephone social support intervention (weekly telephone calls as well as having

24-hour pager access to research nurses) will increase pregnant women's smoking cessation or smoking reduction rates. A sample of pregnant women who smoke will be recruited from WIC clinics in central Missouri. The outcome measure will be saliva cotinine values collected repeatedly every month from enrollment in the study until the last month of pregnancy. A secondary aim of the study will be to determine the prevalence of relapse among the women who quit smoking, when the relapse occurs, and associated stressors. A randomized controlled trial of four groups will be conducted using a repeated measures 2x2 factorial design with two levels of education (Present or Absent) and two levels of nurse-delivered telephone social support (Present or Absent). To determine significant group differences in quit rates, Chi-square analysis for each month will be used. A fixed-effects repeated measure ANOVA will be used to determine significant group differences in reduction in smoking and survival analysis will detect if there are significant group differences in time to relapse.

**Title:** Smoke-Free Connections: Helping Pregnant Women Build Support for Not Smoking  
**Principal Investigator:** Carter Gaffney, Cecelia  
**Institution:** Norris Cotton Cancer Center, Dartmouth Medical School, Hanover, NH  
**Funding Agency:** Robert Wood Johnson Foundation  
**Project ID:** 040666  
**Project Funding Period:** October 2000 – October 2002

**Abstract:** Determine whether home-based solution-focused smoking cessation counseling when combined with clinic-based best practice will increase the number of women who quit or significantly reduce cigarette smoking during pregnancy.

**Research Design:** Feasibility study in two phases. Phase one is natural history study to determine smoking prevalence, natural quit rates and levels of partner support with a Medicaid population. Phase two is an intervention study using a pre-posttest design to measure impact of combined clinic and home-based counseling on smoking during pregnancy.

**Study Population:** Low-income pregnant women receiving care through Medicaid-funded prenatal clinics in New Hampshire. All women who present for prenatal care at participating clinics who are currently smoking (a puff or more in the past 7 days), <20 weeks gestation, and married or living with a partner.

**Intervention (if appropriate):** All pregnant smokers will receive a brief counseling session at the first clinic visit based on best practice. A home visitor will provide two home-based counseling sessions based on solution-focused techniques. These sessions will be designed to increase the pregnant smokers' self-efficacy for quitting smoking, increase her partners' positive support for quitting smoking and to reduce her exposure to environmental tobacco smoke.

**Outcome Measures (If cessation or reduction, how defined):** Quit rate will be a ratio of a 7 day point prevalence smoking rate in third trimester of pregnancy compared to 7 day point prevalence smoking rate at intake. Women lost to follow-up will be considered smokers. Validated with NicAlert test. Number of cigarettes in past 7 days will be used to calculate reduction in smoking, measured at intake and during third trimester.

**Title:** The Alabama Tobacco Free Families Program  
**Principal Investigator:** Crawford, Myra  
**Institution:** University of Alabama at Birmingham, Birmingham, AL  
**Funding Agency:** National Cancer Institute  
**Project ID:** CA86311  
**Project Funding Period:** 4 August 2000 – 30 June 2004

**Abstract:** The objective of the Alabama Tobacco Free Families (ATOFF) Program, a multi-component, multi-channel health communications and policy change program, is to reduce the smoking prevalence rate among a representative sample of pregnant females whose maternity care is supported by Medicaid. This will be achieved by reducing the rate of females of childbearing age in eight targeted counties by changes in social norms. The proposed study is an extension of two decades of public health education studies conducted by the University of Alabama at Birmingham (UAB) tobacco research team in partnership with the ADPH's Bureau of Family Health Services (BFHS). ATOFF will expand this partnership to include the ADPH Bureau of Health Promotion and Information. It is designed to enhance the capacity of the state's Tobacco Use Prevention and Control Program (TUPC), funded by CDC in 1999. UAB and ADPH will implement statewide and local partnerships targeting females of childbearing age to be tobacco-free prior to and during pregnancy. ATOFF will be evaluated using a time series design and analysis with multiple, quarterly baseline and follow-up measures of prevalence across the eight targeted counties. Process and behavioral impact evaluations will be conducted. The four specific aims to be accomplished by the proposed study will be to 1.) Identify and select a representative sample of patients from a randomly selected sample of Medicaid-supported maternity care sites to serve as the ATOFF clinic population, and to recruit a representative sample of females (14-44) to participate in a telephone-based survey to serve as the ATOFF community cohort; 2.) Develop and implement a multi-component, multi-channel program focused on females of childbearing age and their families in eight target counties and consisting of (a) a mass media-health communications component, (b) a community organization component, and (c) a professional practice component; 3.) Document the implementation success (process evaluation) of the media messages and community initiatives to change beliefs, behaviors, and social norms related to tobacco use among the samples of females in Aim number 1 by conducting clinical and community assessments in Years 01, 02, 03 and 04; and 4 Document, be self-reports and saliva cotinine tests, the effectiveness (impact evaluation) of ATOFF's program to reduce the prevalence among the clinic population at entry (first visit) into Medicaid maternity care, and by self-report via telephone of the females in the community population.

**Title:** Pediatric Smoking Cessation Study  
**Principal Investigator:** Curry, Susan J.  
**Institution:** Center for Health Studies, Seattle, WA  
**Funding Agency:** National Heart, Lung, and Blood Institute  
**Project ID:** HL056772  
**Project Funding Period:** 1 July 1997 – 30 June 2001

**Abstract:** In this revised application the investigators propose to recruit 500 female smokers from two low-income urban pediatric clinics. The first aim of the study is to conduct a randomized trial comparing usual care to a smoking cessation intervention consisting of a brief motivational message from a pediatric health care provider; self-help materials developed specifically for low literacy, low income populations; a 10 to 15 minute motivational interview with a specially-trained nurse at the pediatric clinic; and three personal follow-up contacts. The primary endpoint is smoking prevalence at a 12 month follow-up. Secondary endpoints include use of the self-help materials, serious quit attempts, and short and long-term abstinence. A

second aim is to conduct a prospective, longitudinal assessment of factors associated with smoking cessation in the target population. For this aim, at baseline and at three and 12 months, a variety of process variables are to be measured, including knowledge and attitudes about smoking and health, expectations and concerns about weight and weight gain following smoking cessation, motivation regarding smoking cessation, alcohol and other drug use, stress, depression, partner and household-member smoking status, and health events of the child. The investigators plan to examine the degree to which these variables predict changes in smoking status, whether time-related changes in these variables are associated with change in smoking status, and the extent to which these variables moderate the intervention effects.

**Title:** Reducing Tobacco Abuse Among Pregnant American Indian Women

**Principal Investigator:** Day, Sharon

**Institution:** Indigenous Peoples Task Force, Minneapolis, MN

**Funding Agency:** Minnesota Partnership for Action Against Tobacco

**Project ID:** Not available

**Project Funding Period:** 1 May 2002 – 30 April 2004

**Abstract:** The Indigenous Peoples Task Force (IPTF) requests funds to conduct participatory action research with our community in Minnesota. The goal of this project is to deepen our understanding of why and how American Indian women smoke during pregnancy, to use the action research process to build community readiness to address this issue, and then to use our critical inquiry to create intervention ideas to support and nurture pregnant women to reduce their commercial tobacco use and exposure to secondhand smoke.

How research fits funding priorities. This action research addresses the MPAAT priority funding areas 1) reduce tobacco (ab) use among communities of color and 2) reduce exposure to secondhand smoke.

Rationale, Design and Analysis Plan. To date, no research has been conducted to investigate patterns of tobacco use among Minnesota's pregnant American Indian women or effective culturally relevant programs to help them quit. While Minnesota's birth certificate data have not been published, our preliminary analysis of these data revealed alarmingly high prevalence of 40% smoking among pregnant American Indian women compared to 13% among European American women. We proposed a 3 stage participatory action research project: The first phase, "Learning," includes development of a community research team, then compilation and review of secondary data including underutilized data sets. We will develop a research plan with the community research team and train community researchers to collect data. The second phase of research will be "Listening." We will collaborate with community agencies to find participants. We will use creative, culturally appropriate data collection techniques, such as oral histories, talking circles, and Photovoice sessions with pregnant women who smoke or who have recently quit, and possibly elders, family members, or others as determined by the team. The third phase of research will be "Reflection and Sharing." The community research team will use collaborative, creative techniques to analyze the data, and then disseminate the results through community networks, news media, and cultural events. We will host a community feast/Vision Retreat to bring Native and non-Native groups together to begin the next phase of action--preparing an MPAAT intervention grant to nurture and support pregnant women to quit smoking and reduce exposure to secondhand smoke.

**Title:** Virtual Practicum for Counseling Tobacco Cessation in Pregnancy  
**Principal Investigator:** Henderson, Joseph  
**Institution:** Dartmouth Medical School, Hanover, NH  
**Funding Agency:** Not available  
**Project ID:** Not available  
**Project Funding Period:** Not available

**Abstract:** This project employs an educational model, the Virtual Practicum (a model that has sound basis in learning theory and has been shown to be easily used by and acceptable to health professionals), which can be disseminated via CD-ROM, via broadband Internet, or via CD-ROM + dial-up Internet. This project includes an evaluation to measure the impact in eight to ten communities in New England and Minnesota of the educational program on prenatal and primary care practices' implementation of the USPHS Tobacco Clinical Practice Guideline recommendations. The Agency for Healthcare Research and Quality (AHRQ), American College of Obstetrics and Gynecology (ACOG), Association for Maternal and Child Health Care Providers (AMCHCP), and the American College of Preventive Medicine are providing in-kind support to review program design and help to disseminate this program to students and practicing clinicians. Initial dissemination will be followed by expanded efforts to develop marketing relationships with relevant professional organizations representing the core audience.

**Title:** A Planning Guide for OB/GYN Practice Sites  
**Principal Investigator:** Krevor, Brad  
**Institution:** Brandeis University, Waltham, MA  
**Funding Agency:** Not available  
**Project ID:** Not available  
**Project Funding Period:** Not available

**Abstract:** A previously developed manual, "Treating Tobacco Use and Dependence as a Chronic Disease: A Planning Guide for Practice Sites in Developing an Office-Based System of Care" will be modified for prenatal care providers to reflect the special needs of pregnant women who smoke. The Planning Guide will be reviewed by experts in prenatal smoking cessation, pilot tested with both public and private providers in Vermont, revised and made available for wide distribution.

**Title:** Smoking Interventions for Low Income Pregnant Women  
**Principal Investigator:** Ockene, Judith K.  
**Institution:** Univ of Massachusetts Medical School Worcester, Worcester, MA  
**Funding Agency:** National Heart, Lung, and Blood Institute  
**Project ID:** HL051319  
**Project Funding Period:** 1 March 1996 – 31 August 2001

**Abstract:** This five year Demonstration and Education project, the Provider-Delivered Smoking Intervention Project Plus (PDSIP+), will implement and evaluate the effect of a multicomponent intervention on the smoking cessation and maintenance rates of culturally-diverse, socioeconomically-disadvantaged, pregnant women (Hispanic, Black American and Caucasian) enrolled in the Women, Infants and Children (WIC) supplemental nutrition program. Three provider channels will deliver the interventions: 1) WIC nutritionists during pregnancy and postpartum; 2) obstetricians (OB) and clinic staffs during pregnancy; and 3) pediatricians (PED) and clinic staffs during postpartum. A time-efficient yet intensive patient-centered intervention protocol will be used. This intervention has been previously demonstrated to be efficacious when used by general internists and family practitioners with a general population of smokers, and to

be usable by WIC nutritionists. Three paired Massachusetts WIC sites and their related OB and PED clinics within Community Health Centers will be randomized to special intervention (SI) or usual care (UC). SI sites will receive training in the patient-Centered intervention, and establish an office practice management system to support intervention, which includes a system for linking the three channels of intervention delivery. UC sites will receive no intervention. In each of the three SI sites, an organizational assessment will be completed, a Health Center Operations Board will be established to tailor implementation of the intervention in each site. Then each of the SI provider channels (WIC, OB and PED) will receive intervention training consisting of a structured group program with brief individual followup sessions. Written questionnaires will be done at baseline of SI and UC providers at post-training of SI providers, and at one year followup of both SI and LC providers. Provider adherence to the intervention will be measured by patient exit interviews (WIC providers in SI and UC), chart audit (SI only) and retrospective patient report in patient interviews. Eligible pregnant women will have a baseline interview during their WIC enrollment visit. A brief assessment involving smoking status (with saliva cotinine validation of reported cessation), stage of change and report of provider intervention behavior will occur at ninth month of pregnancy, 3- and 9-months postpartum. A more comprehensive assessment will be conducted at 1- and 6-months postpartum. Maintenance of cessation and overall non-smoking rates will be determined at each assessment point. The results of this study will demonstrate the effectiveness of a multicomponent program of linked providers, which is feasible and generalizable to other behaviors and other settings serving low-income, multicultural pregnant women.

**Title:** Smoking Among LSU and SU Undergraduates: Causes and Elimination

**Principal Investigator:** Sylvester, Judith

**Institution:** Louisiana State University, Baton Rouge, Baton Rouge, LA

**Funding Agency:** Louisiana Health Excellence Fund

**Project ID:** Not available

**Project Funding Period:** June 2000 – May 2004

**Abstract:** This project will identify LSU/SU college students who smoke to determine why they smoke and what types of information and support will be necessary to help them to quit. Female smokers, who are putting their children at risk if they smoke during pregnancy, will be the main focus of these efforts. A second target will be minority students.

In 1996, the PI conducted a survey, based on a random sample of 400 LSU students, that found 30% of students smoke. Nearly a quarter of the females smoked. Sixty-five percent of the smokers said they had unsuccessfully tried to quit. This study will use a social marketing approach that first requires segmenting students into groups based on attitudes and behaviors.

This study will employ focus groups and Q methodology (factor analyzing subjects who sort a number of self-referent statements) to better describe smoking behaviors and explore possible strategies and support methods for students who wish to quit or reduce their amount of smoking.

Specific messages will be developed that target the segments identified in the first phase of the research. The best channels (media, support groups, posters, etc) for delivering the messages to the targeted segments will then be determined.

Finally, an evaluation of message salience and effect on behavior will be conducted. These findings can then be provided to other state centers that can then use this information to mount a large-scale campaign to reduce smoking behaviors among college students in Louisiana and at other campuses across the country.

**Title:** Smoking Cessation/Reduction In Pregnancy Trial (SCRIPT)  
**Principal Investigator:** Woodby, Lisa  
**Institution:** University of Alabama at Birmingham, Birmingham, AL  
**Funding Agency:** National Heart, Lung, and Blood Institute  
**Funding ID:** HL056010  
**Project Funding Period:** 1 January 1997 – 31 December 2002

**Abstract:** Smoking among pregnant women, particularly public health maternity patients, is one of the most important risk factors in predicting infant and maternal morbidity and mortality. Smoking among pregnant women has been a national priority for our 1990 and Year 2000 health objectives. The objective of the proposed study-- Smoking Cessation and Reduction In Pregnancy Trial (SCRIPT) -- is to evaluate the EFFECTIVENESS of a smoking cessation intervention for pregnant smokers delivered as part of routine care by public health nurses in Alabama. Four aims will be completed 1) To randomly select a representative sample of public health maternity clinics and Medicaid-supported obstetrical care patients in Alabama; 2) To conduct, among patients and staff at Aim #1 sites, a three-phase formative evaluation of a multi-component smoking cessation and reduction intervention, including a patient education, counseling, skills training program for nursing staff; 3) To evaluate the behavioral impact of the multi-component health education intervention program among at least 2000 pregnant smokers, 1000+ randomly assigned to an Experimental (E) Group and 1000+ randomly assigned to a Control (C) Group at their first prenatal visit; and, 4) To conduct a process evaluation to document the degree of patient exposure to the intervention methods and evaluation procedures specified in Aim #3. SCRIPT will confirm the EFFECTIVENESS RATES AND EXTERNAL VALIDITY of the intervention. Very limited insight is available in the Public Health Practice literature about these two outcomes.

**Title:** Media and Smoking Among Adolescent Girls Across Ethnicity  
**Principal Investigator:** Yang, Dongyun  
**Institution:** University of Southern California, Los Angeles, CA  
**Funding Agency:** California Tobacco-Related Disease Research Program  
**Project ID:** 8DT-0175  
**Project Funding Period:** 1 January 2000 – 30 June 2002

**Abstract:** Smoking prevalence among adolescents has been increasing since the early 1990s in the United States and California. In California, more teenage girls reported smoking cigarettes in the past 30 days in 1996 than in 1990. More African-American, Hispanic and Asian female teenagers reported interest in trying a cigarette than their White counterparts. Tobacco advertising and promotion items appear to attract adolescents, especially girls who smoke to look "cool", to be mature, or to keep their weight down. Most current tobacco prevention programs are universal and do not consider the diverse cultural backgrounds of the targeted population. However, tobacco industry has employed ethnically specific marketing campaigns to attract young and/or female customers. More efforts are needed to improve the effectiveness of the current tobacco prevention programs by adding gender specific and culturally appropriate curricula. This project intends to study cigarette smoking behavior and media exposure among African-American, Asian, Hispanic, and White female teenagers. The proposed study also plans to investigate which ethnic groups are more vulnerable to tobacco advertising and promotion influences, and to determine whether the impact of tobacco marketing on female adolescent smoking differs across ethnicity among female teenagers. This study could provide better understanding of the relationship between media exposure and cigarette smoking among teenage girls. This study will use data already collected by the University of California, San Diego, and the California Department of Health Service. The two data sources were the California Tobacco Surveys (CTS) 1990-1991, 1992, 1993, and 1996, and the California Youth Tobacco Survey (CYTS) 1994-1997. The sample will be comprised of female adolescents with the following

self-identified ethnicities: African-American, Asian, Hispanic, and White (total N = 13,250). Both conventional and advanced statistical approaches will be employed to study ethnic differences in media exposure and cigarette smoking. The findings in this study will enable the health professionals to design more successful tobacco use prevention programs to reduce media influences on female adolescents.

**Title:** Telephone Counseling for Pregnant Smokers

**Principal Investigator:** Zhu, Shu-hong

**Institution:** University of California, San Diego, CA

**Funding Agency:** California Tobacco-Related Disease Research Program

**Project ID:** 8RT-0103

**Project Funding Period:** 1 July 1999 – 30 June 2002

**Abstract:** Maternal smoking during pregnancy or shortly after childbirth has serious health consequences for the fetus or the developing infant. It is associated with an increased risk for spontaneous abortion, pregnancy complications, premature delivery, low birth weight, and prenatal and neonatal death. The increased risk can be reversed or minimized if women stop smoking soon after they become pregnant. However, it is estimated that 15% of pregnant women in the United States smoke cigarettes. Furthermore, of those who successfully quit during their pregnancy, 70% relapse soon after their baby is born. Thus, there is a pressing need to develop programs that can help these women quit smoking during pregnancy and prevent them from relapsing after childbirth. Unfortunately, few pregnant women have access to a suitable program, one designed to account for their distinctive circumstances and needs. Quitting smoking is difficult at any point in time, but stresses unique to pregnancy and to the postpartum period make it even more challenging for the women. This study will test the effectiveness of a telephone counseling helpline specifically designed for pregnant women. The counseling will be provided over the phone so that the pregnant women need not leave home to receive the help. The counseling will be tailored to individual needs as each woman will be assigned to a specific counselor who will work with her individually to come up with a quitting plan that suits her personally. The counselor will provide counseling over the phone to assist her to stop smoking (or to stay quit) throughout the pregnancy, and offer counseling and support up to six months postpartum. This study will recruit participants through the Partnership for Smokefree Families (PSF), a collaboration of three large and integrated health care systems in San Diego, which provide health care for about 20,000 pregnant women each year. It is estimated that about 80% of these pregnant women see their doctor during the first trimester for prenatal care. This provides a prime opportunity to intervene with this population. Physicians can ask their pregnant patients if they smoke. If they do, physicians can advise them to quit, provide written self-help materials, and refer them to the telephone counseling helpline (known as the PSF Helpline). The referral consists of two elements: 1) The smokers will be encouraged to call the helpline; 2) permission to have a counselor call them at home will also be requested. This study will use a proactive calling procedure to enroll these pregnant smokers into counseling if they fail to call the helpline after their visit with the physicians. The physicians can also provide support and a degree of accountability for pregnant smokers by asking about their smoking status at subsequent prenatal visits. As physicians may not have the time or training to offer smoking cessation counseling, the prenatal visit will be used as a springboard to enroll smokers into more extensive assistance, in this case the telephone counseling helpline. This would allow pregnant women to get the attention they need and would minimize the time drain on physicians. This study is designed to: 1) Determine how often pregnant smokers will call a free helpline for counseling after they are advised to do so in their first prenatal visit. 2) Determine how many pregnant smokers will participate in counseling if contacted proactively. 3) Test if telephone counseling can help pregnant smokers quit smoking and stay abstinent after the baby is born. This will be accomplished with a randomized design. Determine if quitting as

a result of doctors' advice and/or telephone counseling increases birth weights of babies born to participating women.

**Activity Type:** Media Campaign

**Title:** European Week against Cancer 2001: Women and Tobacco

**Sponsor:** Association of European Cancer Leagues

**Date:** September 5, 2001

**Description/Agenda:** (Press Release) Smoking - an increasing threat to women's health and well-being in Europe

The single most dangerous health habit among women in Europe is smoking. Tobacco use is one of the greatest burdens to the health and well-being of women around the world. At present it kills over half a million women each year, but this is expected to double by the year 2020. In some countries, lung cancer has already surpassed breast cancer as the main cause of cancer deaths among women.

It is especially young women who smoke more than men. Since 1970's, the number of smokers have decreased more among men than women. World wide, the smoking habit is spreading especially among women in lower social classes, who quit smoking less often than other women. Finding ways to make lower class girls adopt a smoke-free lifestyle is a great challenge to schools and health care professionals.

Lung cancer is rising more rapidly among women than among men in the European Union. Alarm bells are already ringing in some countries where lung cancer is currently more common among women under 45 years of age than men of the same age.

Tobacco free - it's a beautiful thing

Women should not let themselves be fooled by the strong and persuasive messages of the tobacco industry, but realise that the best thing they can do themselves is to stop smoking. In addition to the indisputable and grave health effects, smoking has harmful effects on the appearance, skin, dental and oral hygiene. These effects appear relatively soon after smoking initiation. Most of them are fortunately reversible after stopping smoking. The damage on skin and the subsequent formation of wrinkles is irreversible, if smoking continues for decades. After 20 years of smoking the skin of a 40-year old woman has aged an additional 20 years.

It is never too late to stop smoking. Tens of thousands of women succeed in smoking cessation every year in Europe alone. During the European Week Against Cancer on October 8 - 14 women are encouraged to stop smoking and provided with advice and support on how to succeed in this.

The "Women and Tobacco" -campaign is targeted to women in the age of 20 - 35 years. During the week a variety of actions are taking place around Europe to promote reduction in women's smoking. The methods include conferences, advertising campaigns, media launches, press conferences, meetings and discussion groups, distribution of posters, leaflets and postcards, dissemination of cessation guidelines and advice on how to stop smoking. The campaign will be carried out in 20 European countries (Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Holland, Hungary, Iceland, Ireland, Italy, Luxembourg, Norway, Poland, Portugal, Slovakia, Slovenia, Spain and UK). The European Week Against Cancer is an annual health promotion campaign which has been organised since 1989. It is a joint effort of non-profit cancer fighting organisations and their partners. On the pan-European level the action is co-ordinated by the Association of European Cancer Leagues (ECL).

**Activity Type:** Media Campaign

**Title:** Loud and Clear

**Sponsor:** The National Coalition for Women Against Tobacco

**Date:** May 24, 2000

**Description/Agenda:** (Press Release) The Rise in Tobacco Ads in Magazines is a Call to Action! Alexandria, VA--The National Coalition FOR Women AGAINST Tobacco, a collective of 25 women's organizations founded by the American Medical Women's Association, declares that new information on the rise of tobacco magazine advertising is a call to action to join their efforts in countering the tobacco industry's latest attempts to recruit and addict women and girls. According to a new study released today by the American Legacy Foundation, the tobacco industry has actually stepped up its media bombardment of visual advertisements and images in the face of the Master Settlement Agreement to continually attract its most-promising new customers: our country's children and teenagers. No longer able to advertise by other visual means, the tobacco industry has turned to magazines, and magazines with a high readership of teens, to ensure that its brand recognition messaging is seen by young people. While this story is making news today because of its statistics, the truth is that statistics are only the beginning. Out of these statistics is a call to action to reduce the number of young people who become addicted smokers every year, and the thousands of those young people who will eventually die from cigarettes as the tobacco industry continues to relentlessly pursue them.

The National Coalition FOR Women AGAINST Tobacco represents more than 11 million women in multiethnic, multigenerational groups across the country committed to countering the tobacco industry's targeted marketing of women and girls. As Philip Morris has released its latest Virginia Slims ad campaign, the Coalition has rallied to form a counter campaign, which will be launched next week at the National Press Club on Wednesday, May 24, 2000 at 10:00 a.m. Alvina Bey Bennett, Coalition Chair says, "This latest study confirms our suspicions about the true nature of the tobacco industry's response to the Master Settlement Agreement. What is even more disturbing, and is the focus of our counter campaign, is that the tobacco industry is now aggressively going after demographic subpopulations. The latest Virginia Slims ads, placed in magazines whose readers are women and girls, target specific ethnic minority women. Tobacco magazine advertising is getting more intense - and more distinct."

The Coalition's new counter campaign, titled "LOUD & CLEAR," is the largest to date national counter campaign against tobacco's targeted marketing to women and girls, and the only one poised to address the information found in the new studies. It responds to the Philip Morris Virginia Slims ads released under the theme "Find Your Voice." Implying that women should find their voices with cigarettes, the Coalition feels this message is an insulting attack on women. Joining the Coalition at next week's press conference to denounce this message will be Janet Sachman, former tobacco model and now national anti-tobacco advocate, and contemporary recording stars, the Indigo Girls. Says Joanne Koldare, Coalition Co-Chair, "The use of tobacco products continues to pose one of the greatest health threats to women. There are an estimated 23 million women smokers in this country, and we will not let the tobacco industry entice, fool, or seduce more young women with this newest attempt of recruitment."

**Activity Type:** Media Campaign

**Title:** The National Partnership to Help Pregnant Smokers Quit

**Sponsor:** Smoke-Free Families

**Date:** April 25, 2002

**Description/Agenda:** (Press Release) In response to alarming rates of smoking during pregnancy, 40 groups are joining together to form The National Partnership to Help Pregnant Smokers Quit. The cornerstone of the National Partnership's efforts is a brief, easy-to-implement five-to-15-minute counseling approach which has been shown to dramatically affect quit rates, doubling, or even tripling them among pregnant smokers compared to simply advising them to quit. Making this counseling available to all pregnant women who smoke is one of the top aims of the National Partnership. "Quitting smoking is the most important thing a pregnant woman can do to improve both her health and the health of her unborn child," said Cathy Melvin, Ph.D., M.P.H., National Partnership chair and director of the Smoke-Free Families: National Dissemination Office.

"Smoking cessation programs for pregnant women could prevent several thousand low-birth-weight births and save at least 1,000 lives each year," said James S. Marks, M.D., M.P.H., Director of the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention. "This could more than double the overall cost savings attributed to the rest of prenatal care." An estimated 20 percent of women smoke during pregnancy, causing 20 percent of all low-birth-weight births. This accounts for ten percent of all infant deaths in the United States each year -- approximately 1,000 babies. "This new intervention tells us what to say, what kinds of materials to offer, and how to use the time we were already investing with our patients for best results. We can now intervene with more skill and confidence," said Sharon Phelan, M.D., of the American College of Obstetricians and Gynecologists.

The National Partnership will develop a public service advertising and communications campaign to increase pregnant smokers' knowledge of cessation resources, and to illustrate how pregnant smokers' partners, family members, and friends can support and encourage them during their quit attempts. As a first step, the National Partnership has developed a Mother's Day electronic card that friends and family members can send to show their support for someone they care about who is pregnant and trying to quit smoking. The card will be available at [www.smokefreefamilies.org](http://www.smokefreefamilies.org) by April 30. "Changing behavior means that we need to help providers deliver effective services, and we also need to make sure people know they are available," noted C. Tracy Orleans, Ph.D., Senior Scientist at The Robert Wood Johnson Foundation. We plan to work with both national and local media to help pregnant smokers learn where to get the help they need. At the grassroots level, the National Partnership will work with communities and worksites to address the issue of smoking during pregnancy, support the development of local cessation resources and encourage employers to provide insurance coverage for smoking cessation services. In addition, the National Partnership will promote economic and other policy interventions that prevent and reduce maternal smoking, including improved coverage of cessation services. For example, only 13 states provide Medicaid coverage for cessation counseling for pregnant smokers, despite the fact that Medicaid is the primary health coverage for between one quarter and one half of all pregnant women.

The success and impact of the National Partnership's work relies on up-to-date and accurate research, evaluation, and surveillance programs. Members of the National Partnership will coordinate research efforts to determine how to improve best-practice interventions, and to identify ways to strengthen surveillance of smoking during pregnancy to effectively track the problem and refine ways to treat it. "One of the questions we face is basic: how many pregnant smokers are there? Because some women may be reluctant to admit that they smoke, and because of disparities between state reporting processes, it's not a simple question to answer,"

said Dr. Melvin, "Developing a standard reporting process so that we gather better data is just one of the steps we need to take to increase our knowledge and develop better interventions." She continued, "The National Partnership believes that every pregnant smoker who wants to quit should have access to effective cessation services. Together, our actions will create a supportive network for pregnant women during their quit attempts, to help them quit successfully, and to create a smoke-free future for their babies and future generations." The National Partnership to Help Pregnant Smokers Quit is coordinated by Smoke-Free Families, based at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, a program funded by The Robert Wood Johnson Foundation. For more information about the National Partnership, visit the Smoke-Free Families web site at [www.smokefreefamilies.org](http://www.smokefreefamilies.org).

**Activity Type:** Media Campaign  
**Title:** Women and Smoking  
**Sponsor:** American Legacy Foundation  
**Date:** December 2001 (Launched)

**Description/Agenda:** (Home Page Description) The women featured in this campaign are real women battling very real tobacco-related illnesses like emphysema, lung cancer and throat cancer. These are their real parting letters to their family and loved ones that they have generously allowed us to view. Through their honest words, they remind us that tobacco-related diseases not only kill women, but also devastate those left behind in the wake of sadness and emptiness. These women are brave. These women are ordinary. And unfortunately, these women are not alone. Every year tobacco-related diseases kill over 178,000 women in the U.S. With this national advertising campaign, we hope to raise awareness of the toll tobacco has taken upon women and encourage you or someone you love to seek help to quit smoking. Quitting may well be the most difficult thing you accomplish, but also the most rewarding and important. And when it comes to quitting smoking, there's no time like the present.

**Activity Type:** Media Campaign  
**Title:** Women Statewide to Toss Their Tobacco Products  
**Sponsor:** Colorado Department of Public Health and Environment  
**Date:** May 13, 2001

**Description/Agenda:** (Press Release) DENVER – On Monday, May 13, the Colorado Women and Tobacco Coalition, which is comprised of 19 Colorado women's organizations, is kicking off National Women's Health Week with an invitation to women throughout the state to trade in their ashtrays, lighters and other tobacco paraphernalia for free cessation service information and t-shirts. Women's Health Week is being observed from Sunday, May 12, through Saturday, May 18.

The t-shirts list the "Top 10 Reasons Colorado Women Quit." The top 10 reasons were created by the winners of a coalition contest conducted earlier this year in which women from throughout Colorado participated. Monday's trade-in events will be held at venues throughout the state, listed at the end of this page.

The winning reasons for Colorado women to quit smoking are:

10. Ever try to accessorize with an oxygen tank?
9. Improved kissability.
8. High altitudes and low lung capacity don't mix.
7. Wrinkles, bad breath and yellow teeth are fine... for buffaloes.
6. Nicotine nixes the "Rocky Mountain High."
5. They've come a long way, baby.

4. They'd rather be skiing than dead.
3. Smoking around children = children smoking.
2. Because someone else needs them.
1. They CAN.

Sara Miller, the program manager for the Comprehensive Cancer Prevention Control Program at the Colorado Department of Public Health and Environment, said, "The purpose of the tobacco trade-in project is twofold. It is an effort to both raise awareness about the special dangers tobacco use poses for women and, at the same time, to offer support to those who want to quit.

"In Colorado, more women now die from lung cancer than those who die from breast cancer. In fact, tobacco use is the leading cause of preventable death for women in our state. In addition, smoking has damaging effects on women's reproductive health and is associated with pregnancy complications, reduced fertility and early menopause."

Miller said that, according to the Office of the Surgeon General, smoking is one of the most important preventable cause of poor pregnancy outcomes among women in the United States. Smoking is associated with an increased risk of miscarriage, stillbirth, pre-term delivery, low birth weight and infant death. As many as 10 percent of all infant deaths could be prevented if pregnant women did not smoke.

She said that smoking also can adversely affect children after they are born. For example, exposure to secondhand smoke increases the child's risk of pneumonia, bronchitis and fluid in the middle ear, Miller explained.

Women, and men, who want to quit smoking are encouraged to use Colorado's new, free, tobacco cessation services, the Colorado Quitline and QuitNet. Since its launch in late October 2001, the Quitline (1-800-639-QUIT) has received 4,771 calls. Its online counterpart, QuitNet ( [www.co.quitnet.com](http://www.co.quitnet.com) ), has logged 22,175 visitors since it became operational on December 21. Each is available 24 hours a day, seven days a week, and each offers personalized counseling services free of charge.

**Activity Type:** Meeting

**Title:** African Women and Tobacco Conference

**Sponsor:** The World Health Organisation

**Date:** April 2003

**Description/Agenda:** (Call for abstracts) We invite abstracts for 10-minute oral presentations on any aspects of women and tobacco in Africa. These may present findings of research, discuss interventions, evaluation of interventions or conceptual papers. We would particularly welcome contributions on:

- Gender issues in trading or farming tobacco
- Youth and tobacco use – with a particular focus on girls/young women
- Environmental tobacco smoke (second-hand smoke)
- Causes and consequences of tobacco use among women
- Marketing tobacco to women
- Tobacco control policy and legislation
- Litigation – an option for Africa?

**Activity Type:** Website

**Title:** A Breath of Fresh Air (<http://www.4woman.gov/QuitSmoking/index.cfm>)

**Sponsor:** The National Women's Health Information Center

**Date:** Last updated August, 2002

**Description/Agenda:** (Home Page Description) This specialty section will help you and the people you love to breathe clean! Along with information on the health effects of smoking, we provide you with resources to help you quit if you are a smoker. We encourage you to learn as much as you can about smoking and to share this information with the ones you love. Remember, it's best to never start smoking and if you do smoke, don't give up on quitting. We know how hard quitting can be, but you'll be glad you did! Being smoke-free will help you to live longer with better health.

We all need to be concerned about smoking. Today, about 1 out of every 5 women in America smokes, even though we know smoking is not good for our health. And, women are starting to smoke at younger and younger ages. Did you know that lung cancer kills more women every year than breast cancer? Did you also know that smoking could affect more than just your lungs? Smoking can increase your risk for heart disease, heart attack, stroke, osteoporosis (thinning or weakening of your bones), and cancers other than lung cancer. It can also affect your ability to get pregnant. Smoking when you are pregnant increases your chances of having problems with your pregnancy, including premature or early birth and having a baby with low birth weight.

**Activity Type:** Website

**Title:** International Network of Women Against Tobacco (<http://www.inwat.org>)

**Sponsor:** International Network of Women Against Tobacco

**Date:** Not available

**Description/Agenda:** (Home Page Description) The International Network of Women Against Tobacco (INWAT) was founded in 1990 by women tobacco control leaders to address the complex issues of tobacco use among women and young girls.

INWAT

- Provides contacts, primarily women, to individuals and organizations working in tobacco control.
- Collects and distributes information regarding global women and tobacco issues.
- Shares strategies to counter tobacco advertising and promotion.
- Supports the development of women-centered tobacco use prevention and cessation programs.
- Assists in the organization and planning of conferences on tobacco control.
- Collaborates on the development of publications regarding women and tobacco issues.
- Promotes female leadership.

The website includes links to Women and Smoking: A Report of the Surgeon General 2001; the WHO Report on Women and Smoking; the INWAT Europe: Current Awareness Bulletin; Filtered Policy - Women and Tobacco in Canada; and Femmes and Tabac. Links to fact sheets on women and smoking from Australia, Canada, England, Scotland, Thailand, and the USA are also listed.